Board of Nursing Newsletter

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Board Corner By Sharon Dschaak

In August of last year, I had the privilege to attend the National Council of State Boards of Nursing meeting in Minneapolis. The Montana Delegation attended a day long forum on the LPN/LVN. There were four areas addressed at the forum: education, social factors, technology advances and nursing shortage.

Education

Nationwide the education programs for LPN/LVNs are as different as day and night. There needs to be standardization of these Educational programs, such as admission requirements, core curriculum, competencies and required hours of classroom and clinical. The average nursing student is not the new high school graduate. Nursing students today are 25 – 40 years of age, single mothers, have social barriers, work part to full time and are the breadwinner for the family. Knowing this, traditional structure of the nursing programs will need changing. This may take such forms as evening and weekend classes, Internet access, or distance learning centers. Montana is actually ahead of the game in this area. We must also encourage and support career ladders for LPNs and CNAs. Nationwide, only half of the freshmen enrollment in a program will graduate. Furthermore, the pass rate of the PN NCLEX has decreased nation wide. In 1996, the pass rate was 90.32%; in 1991, the rate fell to 85.79%. Since 1997, 62 LPN/LVN programs have closed.

Core Curriculum

The advances in traditional therapies, fast paced changes in medication, values, ethics and communication skills are an ever-increasing body of knowledge. The curriculum of schools of nursing needs to be reviewed to ensure challenges are being met. Competency testing and continuing education courses for our current nurses need to be refined. Programs for nurses who have been absent from the profession for a significant time period need to be developed. Because of exploding technology, all nurses must be computer literate.

Faculty

I know that every nursing program in Montana has asked the question, "Where are the Nursing Educators?" Currently many of the instructors in our programs are ready for retirement. In April 1997, survey results showed that nursing professors were the lowest paid nurses in the country.

Nursing Shortage

Nursing shortage? Where have you heard that? It is only the beginning. Current projections for nursing need increases exponentially each year.

In conclusion, we as the future of nursing in Montana need to look at a few key issues:

- Standardization of the PN programs with other programs nationwide.
- Encouragement of creative program development
- Distance learning programs
- Support of career ladders
- Develop strategies to promote program completion
- Value all diversities of nursing roles
- Look at the scope of practice of the LPN, encourage nursing not credentials

Recent Board Actions

May 2001

- Elected new officers
- Discipline
- Determined that a nurse may take an order, verbal or electronic from an individual acting as an agent of the physician. The nurse is always responsible for questioning an order that seems inappropriate or non-therapeutic.
- Determined that it is not within the scope of the nurse to perform flexible sigmoidoscopy. It is within the scope of a properly trained APRN to perform the test.
- Determined that the names of all licensees facing disciplinary action will be published in this newsletter

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- Determined that microdermabrasion is within the scope of practice of registered nurses with appropriate training and continued competence.
- Determined that a pediatric nurse practitioner treats patients from birth through age 21; an adult nurse practitioner treats patients from age 16 through the end of life; and a geriatric nurse practitioner treats patients from age 40 through the end of life. The APRN may not practice outside the scope of the APRN criteria.
- Requested a declaratory ruling from the Board of Respiratory Care Practitioners regarding their ability to provide IV conscious sedation.
- Determined that the specialized care of a psychiatric patient is not within the scope of a family nurse practitioner.
- Determined that the intradermal or subcutaneous injection of biological preparations require the nursing process, and therefore, allergy testing and treatment is the practice of nursing.
- Determined that it is not within the scope of LPN practice to assume a triage role in the Labor and Delivery setting.
- Approved board participation in e-commerce, specifically on-line renewals initially

- Approved board participation in NCLEX Results by Phone program through National Council for State Boards of Nursing
- MSU Bozeman RN program, UM College of Technology Missoula PN program, UM College of Technology Butte PN program, and the MSU College of Technology Helena PN program received 4 year approval from the Board of Nursing
- Successfully defended the Clinical Laboratory Unwaived CLIA Lab Testing Declaratory Ruling (December 2000) in a district court challenge

BOARD MEMBERS

Jack Burke, RN MN, President, Missoula Sharon Dschaak, LPN, Secretary, Wolf Point Vickie Badgely, LPN, Stevensville Lorena Erickson, Public Member, Corvallis Rita Harding, RN MN, Billings Gretchen McNeely, RN DNSc, Bozeman Kim Powell, RN, MSN, Missoula Steven Rice, Public Member, Miles City Jeanine Thomas, LPN, Ronan

BOARD STAFF

Barbara Swehla, RN MN, Executive Director Jill Caldwell, RN MSN, Nursing Practice Manager Joan Bowers, Compliance Specialist Tanya Fiske, Licensing Technician Dwain Wood, Licensing Technician Lori Ballinger, Department Counsel Lon Mitchell, Board Counsel Ron Burns, Investigator

Board Meeting Dates

October 9, 10, 11, 2001 January 22, 23, 24, 2002 April 23,24,25,2002 July, 23,24,25,2002 October, 8,9,10, 2002

Board of Nursing meetings are held in the fourth floor conference room of the Federal Building, 301 South Park Avenue in Helena. Most of the Board and Committee meetings are open to the public. Agendas are posted on the Board web site,

http://commerce.state.mt.us/LICENSE/pol/pol boards/nur board/board page.htm; you may also obtain an agenda from the Board office.

The Board encourages you to attend and observe the process of nursing regulation in Montana.

Governor Reappoints Kim Powell to the Board

In July, Governor Judy Martz reappointed Kim Powell to a second term. Ms. Powell begins her second term as an APRN, having completed a master's program from the University of California at San Francisco in May of this year. Her prior experience in emergency room care and orthopedics were the basis for her APRN in acute care. Ms. Powell also holds a prescriptive authority license. First appointed in 1997, she has served on the Board's Screening and Prescriptive Authority Committees as well as the EMS Task Force. Please join us in congratulating Kim Powell. Her education and experience are a valuable asset to the Montana State Board of Nursing

The Scope of Nursing Practice

The Board office receives scores of telephone calls each month regarding the scope of nursing practice. The caller usually asks "Can I do this?" or "is this legal?" Because health care and treatment options change constantly, the scope of nursing changes also. The Board office welcomes these telephone calls, and if an answer is not obvious to the staff, the question usually goes to the next Nursing Practice and Credentials Committee meeting. Many questions can be answered by reviewing laws and rules and declaratory rulings. They are all available on the Board website at http://www.discoveringmontana.com/dli/bsd/license/hc_licensing_boards.htm.

NCLEX RESULTS BY PHONE

The NCLEX team has worked diligently to improve the NCLEX Results by Phone program. After extensive revision, the program is operating well and providing a welcome service to many new graduates. During the past 14 months, the system has been without access problems, and all results provided have been correct.

The candidate dials the NCLEX Results by Phone number, and \$7.95 is placed on telephone bill. The applicant then receives the results, or a message that indicates "the result has not been posted yet." In the latter case, an audit process removes the charge from the telephone bill.

The service is voluntary, and as always, the candidate will receive a written confirmation by regular mail.

National Council of State Boards of Nursing News

A new initiative is underway at the National Council for State Boards of Nursing (NCSBN) to examine whether nurses, professional organizations, regulators, educators, researchers, and administrators work together, communicate, and identify areas of mutual concern to

provide the quality of nurses that provide for safe and effective care. This project will be significantly important to everyone involved with the practice of nursing, education of nurses, or regulation of the profession.

Because of passage of Delegate Assembly Resolution #2, a Task Force, called the Practice, Regulation, and Education Congruence (PERC) Task Force, has been constituted to explore the congruence among nursing practice, education and regulation. The Task Force is cochaired by Constance Kalanek, Executive Director of the North Dakota Board of Nursing, and Margaret Kotek, President of the Minnesota Board of Nursing. The 11 members will serve two terms, and Montana Executive Director, Barbara Swehla is a member. A complete list of the members is on the National Council website.

These members represent staff or board members of State Boards of Nursing experienced in practice, education, or regulation of nurses. The Task Force is composed of members who make board site visits to nursing programs, experts in policy and regulation, faculty from all types of nursing programs, experienced clinicians, and members involved in similar projects at their state levels

For the purposes of this project, congruence is defined as a state of concordant agreement, connection, and response. In this first year of the project, the Task Force has examined congruencies and incongruencies among practice, education and regulation. During year two, it will develop an action plan to promote congruence and eliminate incongruence. The Task Force has continued to invite ongoing comment and opinions from essential stakeholders to assure that all perspectives and relevant information are fundamental in the work of the Task Force.

Input from all interested stakeholders will be welcome, encouraged, and seriously considered. For more information related to this project, Practice, Education, and Regulation Congruence (PERC), and other NCSBN projects, log on to www.ncsbn.org. To submit information, provide comment, or ask questions related to this project, please email NCSBN at research@ncsbn.org.

Name Badge Reminder

Nurses in Montana are required to wear a name badge while working as a nurse. ARM Section 8.32.413 (1) (a) states "While working as a nurse, all nurses will identify themselves with a name badge disclosing their first and last name, as it appears on their nursing license, and license type. The identification badge will be written in a standard bold face font no less than 18." Wearing the badge is your professional responsibility, and an employer can not negate or override it. While the Board of Nursing does not have staff patrolling facilities to identify nurses who are not complying with the rule, a complaint may come to the Board office through a variety of other sources. Some examples of other sources are:

- * an investigator in the area or facility
- * staff involved in a survey, such as facility visits during nursing education program

surveys

- * reports from Department of Health and Human Services
- * other nurses
- * the public

Stipulations and Final Orders

Barbara Larsen	LPN6073	Arlee MT	Suspended by Default for Payment of fine
Janice Saysette	RN 27252	Cody WY	Probation, Concurrent with CO Order of
Jamice Saysette	MN 21232	Couy W I	
			2/10/99
Sharon Tiedemann	RN8806	Great Falls MT	Probation 1 year with C.E.
Susan Chase	RN20859	Hardin MT	Probation 2 years with C.E.
Sandra Peasley	RN22463	Whitefish MT	Fine - \$100.00
Laurie Corbino	RN26832	Stevensville MT	Probation 3 years with NAP
Colleen Harris	RN22166	Livingston MT	Fine - \$100.00
Lance Somerfield	RN26440	Missoula MT	Probation 3 years with NAP
Lisa Fuss	LPN7472	Columbus MT	Probation 3 years with NAP
Anthony Leone	RN11817	Billings MT	License Reinstated
Doreen Gertz	RN27052	Helena MT	Probation 1 year
Sabra Gebhardt	LPN6941	Great Falls MT	Probation 3 years with NAP
Beverly Monahan	RN4715	Butte MT	Probation 1 year
Debra Hart	LPN5779	Helena MT	Probation Concurrent w/ District Ct
Lance Somerfield	RN26440	Missoula MT	Probation 3 years with NAP
Jessica (Lee) Petersen RN 24768		Three Forks MT	Probation 3 years
John Stevenson	LPN7947	Havre MT	Probation 2 years
Cheryl Lankford	RN26144	Chinook MT	Suspended
Russell Motchenbacher RN 22956		Highwood MT	Reinstated, Probation 3 years NAP
Maxine Schleining	LPN26057	Missoula MT	Reinstated, Probation 3 years NAP

^{*}Names and license numbers are published as a means of protecting the public safety, health and welfare. Only Final Orders, which are public information, are published in this newsletter. Pending action against any licensee is not published. Please advise the Board office if any of the above nurses is working outside his/her licensure capacity.

NAP NEWS

By Carol Sem

Since January 1, 2001, 20 licensed nurses have been admitted to the NAP. This is a record high since 1993 when the program began. Admissions for a full year have averaged 19. Twelve out of the 20 admissions to the NAP this year have been admitted to the Nondisciplinary Track. An RN or LPN with a drug/alcohol problem can enter the

^{**}Those licensees with Nurses Assistance Program (NAP) listed have been placed on NAP through the formal Board process. Licensee names and information on the Voluntary Track of NAP are confidential, and this information is not available to the public.

Nondisciplinary Track of the NAP without the Board of Nursing knowing. There are a few exceptions to the guarantee of anonymity such as sale/distribution of controlled substances and/or death/significant harm to a patient. The Montana Board of Nursing continues to demonstrate that nurses wanting rehabilitation deserve a chance to continue nursing practice with proper supervision; many nurses are referred to the Nondisciplinary NAP in lieu of formal action.

If employers and/or supervisors identify a drug/alcohol problem in a licensed nurse, they can refer them directly to the NAP as a condition of continued employment. Facilities find that it is in their best interest to retain the nurse since the cost of replacing a nurse is between \$20,000-\$32,000.

About half of the states have an "Alternative to Discipline" program similar to the Nondisciplinary NAP. The Governor of New York recently signed a bill for a similar statewide program. This clearly indicates that Montana has been highly progressive in supporting nurses in need of rehabilitation from drug and alcohol problems.

It is estimated that 7-10% of all licensed nurses and 10-20% of all anesthesia providers will have a drug and/or alcohol problem will at some point in their nursing career. The drug of choice changes over the years; currently, we are seeing increased reports of nurses abusing propofol, ketamine, intranasal midazolam, fentanyl/sufenta, N2O, Ultram, Nubain, Stadol, and of course the hottest opiate on the market now...Oxycontin.

Some interesting Web Sites:

recovery-works.com/nir (peer support group for nurses in recovery)
http://www.homestead.com/internationalnursesanony/INA.html or email Patigreen@aol.com
(International Nurses Anonymous)

Anesthetists in Recovery (AIR) Peer Assistance Hotline 800-654-5167

For questions and/or confidential assistance from the NAP, please call the (406) 251-4210 or email the NAP at napmt@aol.com.

Prescriptive Authority Update

As you know, the Prescriptive Authority Committee has been working on rule revisions for more than a year. The requirement for a physician member on the Committee was removed from statute during the last session.

A subcommittee of the Board is working on rule revisions for Prescriptive Authority. Some of the changes that have been proposed are requiring continuing education for all APRNs, changing the quality assurance mechanism, and requiring prescribers to write prescriptions without the use of abbreviations. If you would like more information or if you would like a copy of the rules hearing notice, please contact the Board office.

Message from the Executive Director

On-line Renewals - This Year!

The Board of Nursing is participating as a pilot board for e-commerce this fall. You will receive your usual renewal application, on which you will find an identification number that is your individual access code for on-line renewal. If you renew on-line, you will <u>not</u> receive a hard copy license, but will be able to print your 2002 license from the system after you complete the process! Separate, general instructions are in this newsletter and when you access it on-line, the instructions will take you through the process.

RNs and LPNs in good standing and individuals who have not had a misdemeanor or felony within the last year will be able to renew on-line. APRNs will not yet be able to do so, but we foresee this occurring in the near future. Also, if you have had a name change in the last year, please email, fax or write our office before November 1st so that you can renew on-line under your new name.

While we would love to see a large number of RNs and LPNs renew on-line this year, we know that we have not had the opportunity to get the word out much in advance of this renewal season. I believe this is good news for everyone and hope you will try it!

Fees Increase Planned

Ten years have already passed since license renewal fees were last increased. The budget is impacted by significant growth in legal/compliance work, increases in overall costs, and other factors outlined in the rule change posting (on the web). We have had to consider an increase to meet the needs of the board, which is expanding in scope and effect and becoming increasingly complex. The board will consider testimony from the September 2001 rules hearing in its October 2001 meeting when the final decision for rule adoption will be made.

Compliance/Discipline

In this newsletter, you will find graphs related to disciplinary actions taken by the board during the past five years. You may note the trends associated with the board's compliance work during that period. Additionally, the board has issued a position pertaining to individuals who hold more than one type of nursing license, such as both an RN and LPN license: the nurse will be held responsible to the highest level of the licenses held as per current practice and the standard of care expected of that license.

Please don't hesitate to call, write, fax, or email the board office if you have a question. I encourage you to access our website periodically to stay current with board business and issues. We post meeting agendas, rules change notices, forms, and the laws and rules pertaining to nursing. You can view these 24 hours a day, 7 days a week.

I have enjoyed my first year as the board's executive director and look forward to meeting the challenges that face health care and nursing in the coming year.

If you are reading someone else's newsletter, maybe it is because we do not have your correct address. If you move, please notify us within ten days. The same Post Office address change cards you use for your magazine subscriptions are acceptable to the Board office.

Department of Labor & Industry – Business Standards Division & the Board of Nursing to Offer Internet Renewals and On-line Query Capability for Business and Occupational & Health Care licensing

Beginning in the fall of 2001, the Board of Nursing within the Business Standards Division of the Department of Labor and Industry will begin allowing nurses to renew their licenses on the Internet. This new service will save Montana RNs and LPNs time; for those who choose it, the process will eliminate the paper renewal and the postal system.

The service will be voluntary, and can be accessed from the State of Montana web site, http://www.DiscoveringMontana.com, or the Board of Nursing web site, http://www.discoveringmontana.com/dli/bsd/license/bsd_boards/nur_board/board_page.html. The Board office will still send renewal forms to licensees. The licensee then has one of two options.

- Option I: The nurse may complete the form, write a check, and mail both to the board office.
- Option II: The nurse may access the Board Internet site. The nurse enters a code located on the renewal form and is directed to his/her personal license renewal. In addition to the code provided the nurse will enter his/her license number and then update the information on-line. The nurse pays for the license on a secure and encrypted Internet system with either a credit card or electronic check. The nurse has the option of printing a license immediately or the board can mail the new license.

Eventually, individuals verifying a licensee's status and credentials will be able to inquire on-line rather than calling the Board office.

The nursing profession has more active licensees than any other board in Montana, and the Board of Nursing was anxious to be a trendsetter in this new electronic advantage. For more information, visit our web site at:

http://www.discoveringmontana.com/dli/bsd/license/bsd_boards/nur_board/board_page.ht m

Complaints New Complaints and Contested Complaints



